



JFW

PATENT APPLICATION
Attorney Docket: TX/4-100-8388C (167-51)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

136A Applicant(s): Meinzer et al.

Examiner: Spear, J.M.

Serial No.: 10/781,069

Group: Art Unit: 1618

Filed: February 18, 2004

Dated: August 31, 2005

For: OIL-FREE PHARMACEUTICAL COMPOSITIONS
CONTAINING CYCLOSPORIN A

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 C.F.R. "1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity under 37 C.F.R. "1.9 and 1.27 is enclosed.

☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate (Large Entity)	Addit. Fee
TOTAL CLAIMS*	17	20	0	x 25 =	\$0.00	x 50 =	\$0.00
INDEPENDENT CLAIMS	1	3	0	X100 =	\$0.00	x200 =	\$0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				180.00		360.00	\$0.00

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 31, 2005

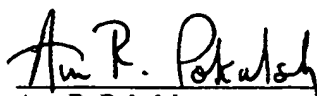
Ann R. Pokalsky

☐ Please charge Deposit Account No. 04-1121 in the amount of \$____. Two (2) copies of this sheet are enclosed.

☐ A check in the amount of \$____ is enclosed.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. "1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. A DUPLICATE OF THIS SHEET IS ENCLOSED.

Respectfully submitted,



Ann R. Pokalsky

Reg. No. 34,697

Attorney for Applicant(s)

NOVARTIS
Corporate Intellectual Property
One Health Plaza, Building 430
East Hanover, NJ 07936-1080
(862) 778-7859



ITW

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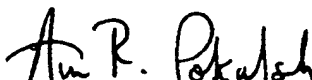
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